

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
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20995 7590 07/14/2004
KNOBBE MARTENS OLSON & BEAR LLP
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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

(Depositor's name)

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(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09706382	11/06/2000	J. T. Lin		6277

TITLE OF INVENTION: APPARATUS AND METHODS FOR THE TREATMENT OF PRESBYOPIA USING FIBER-COUPLED LASERS

APPL. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	500 600	30	530 630	10/14/2004
EXAMINER	ART UNIT	CLASS-SUBCLASS			
COHEN, LEE S	3739	606-005000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Knobbe, Martens,
2. Olson & Bear, LLP.
3. _____

3. ASSIGNOR NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

SurgiLight, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Orlando, FL

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☐ Publication Fee (No small entity discount permitted)
☒ Advance Order - # of Copies 10

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☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 11-1410 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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(Authorized Signature)

(Date) October 14, 2004

Kyle F. Schlatter, Reg. No. 54,912

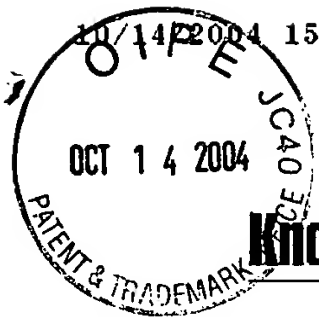
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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PTOL-15 (Rev. 07/04) Approved for use through 04/30/2007.

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**Knobbe Martens Olson & Bear LLP**

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USPTO FACSIMILE TRANSMITTAL SHEET

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Docket No.: SRGLT.007A

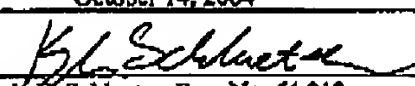
CUSTOMER NO. 20995

Applicant : J. T. Lin
App. No. : 09/706,382
Filed : November 6, 2000
For : APPARATUS AND METHODS FOR THE
TREATMENT OF PRESBYOPIA USING
FIBER-COUPLED-LASERS
Examiner : Lee S. Cohen
Group Art Unit : 3739
Class/Sub-Class : 606-005000

CERTIFICATE OF FAX TRANSMISSION

I hereby certify that this correspondence and all
marked attachments are being transmitted via
facsimile to the USPTO (703) 746-4000 on the
date shown below:

October 14, 2004


Kyle R. Schlueter, Reg. No. 54,912

Transmitted herewith for filing is the Issue Fee for the above-identified application, enclosed are the
following items:

(X) Form PTOL-85.

(X) The Commissioner is hereby authorized to charge any additional fees which may be required, or
credit any overpayment, to Account No. 11-1410.

FILING FEES:

FEE CALCULATION				
FEE TYPE		FEE CODE	CALCULATION	TOTAL
Utility Issue Fee	37 CFR § 1.18 (a)	2501 (\$685)		\$685
Advanced Order Fee				\$30
			TOTAL FEE DUE	\$715

(X) Please charge the total fees due in the amount of \$715 to Deposit Account No. 11-1410.

(X) Total pages in transmission: 3

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Knobbe Martens Olson & Bear LLP

Application No.: 09/706,382

CUSTOMER NO. 20995

Filing Date: November 6, 2000

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